Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	PROCEDURES	NOTICE	FILING

AGENCY NAME Mississippi Department of Education		CONTACT PERSON Paula A. Vanderford, Ph.D.	TELEPHONE NUMBER 601,359,3764			
ADDRESS 359 N. West Street		CITY Jackson		STATE MS	ZIP 39201	
EMAIL pvanderford@mde.k12.ms.us	SUBMIT DATE 4/17/15	Name or number of rule(s): Title 7: Education K-12 Part 3 Policy: 404 First Administration of Statewide Assessments				
Short explanation of rule/amendment/li Education Policy 404-First Administration operational year of any state mandated Specific legal authority authorizing the	on of Statewide Asso assessment to be i	essments. The policy was repeancluded in the Statewide Accor	led because	e it does not a		
List all rules repealed, amended, or sus	pended by the prop	osed rule: SB Policy 404	ekeesti kiikin ja saa een ja saksi sa			
An oral proceeding is scheduled for Presently, an oral proceeding is not If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request shootice of proposed rule adoption and should include agent or attorney, the name, address, email addressment period, written submissions including a ECONOMIC IMPACT STATEMENT:	scheduled on this r deeding must be held if ould be submitted to the de the name, address, of ess, and telephone num	ule. a written request for an oral proceedir e agency contact person at the above a email address, and telephone number of ber of the party or parties you represe	ng is submitted address within of the person(s nt. At any time	twenty (20) days s) making the rec e within the twe	s after the filing of this quest; and, if you are an nty-five (25) day public	
☐ Economic impact statement not req	uired for this rule.	Concise summary of eco	onomic imp	act statemen	t attached,	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date:immediately upon filing Other (specify):	Action proposed fire 30 da	Date Proposed Rule Fi 03/03/15 Action taken: In ent to existing rule(s) If existing rule(s) In by reference If effective date: If effective d		osed Rule File cen: peted with no copted with char opted by referent thdrawn peal adopted a date: days after filin	o changes in text langes erence las proposed ing	
Printed name and Title of person auth Signature of person authorized to file		Paula A. Vanderford Ph.D.	1,			
		WRITE BELOW THIS LINE FICIAL FILING STAIL OFFICIAL FILING STAIL			NG STAMP	
Accepted for filing by	Accepted for	or filing by		APR 1	SIPPI OF STATE	
The entire text of the Proposed Rule inc			#211	71	AU	